City of Pflugerville
100 E. Main St., Ste. 100
Pflugerville, TX 78660
Phone: (512) 990-6100
Fax: (512) 251-5768

where quality meets life
PFLUGERVILLE
TEXAS

Utility Billing Department
P.O. Box 589
Pflugerville, TX 78691
utilitybilling@pflugervilletx.gov
www.pflugervilletx.gov

# FIRE HYDRANT WATER METER PERMIT-APPLICATION

Applicants must apply at City of Pflugerville, 100 E. Main St., Ste 100, Pflugerville, TX 78660. Deposit required in advance.

1. Applicant Information:

   A. Applicant Name: _____

   B. Mailing Address: _____

   C. Office Phone: _____ Office Fax: _____

   D. Web Site: _____

   E. Email Address: _____

   F. Federal Tax ID # or Other ID: _____

   G. Job Superintendent or Responsible Party: _____

   H. Phone: _____ Alternate Phone: _____

2. Meter Information:

   A. Fire Hydrant Address or Location: _____

   B. Specific Use of Water: _____

   C. Date Installed: _____Approximate Removal Date: _____

   D. City Meter # ($1,200 deposit required): _____Reading: _____

   E. Customer Provided Meter # ($125 Deposit Required): _____Reading: _____

3. Utility Account:

   A. Utility Account Number: _____

   B. Deposit Amount Paid: _____ Date Paid: _____Method: _____

4. Signature: *This permit must be signed by an authorized representative of the applicant as described herein. In signing, I certify that I am an authorized representative of the applicant:*

_____ _____ _____
*Applicant Signature* *Title* *Date*

*Signature releases the City of Pflugerville and applicant agrees to hold harmless and defend the City of Pflugerville from any claims from any and all liability and losses for personal injury or property damage resulting from applicant's use of fire hydrant and fire hydrant meter. This form becomes the permit upon signature by the applicant and assignment of a billing account by City of Pflugerville personnel. The permit holder must keep a copy of the permit in the vehicle used to withdraw the water. The applicant is liable for loss or theft of or any damages to the hydrant, meter, backflow prevention assembly, lock or infrastructure due to misuse or improper operation.*

**** City of Pflugerville requires an approved backflow prevention assembly****

*City Representative:* _____*Date:* _____